Approved for use through 06/30/2010. OMB 0651-0032 MAY 1 2 2008

Under the Paperwork Reducti	ion Act of 1885	ono persons are required to	U.S. Pater respond to a collective	nt and Tra on of Infor	demark Office; U. mation unless it d	S. DEPARTMENT OF COMMERCE IISplays a valid OMB control number
Effect		Complete If Known				
FEE TRANSMITTAL			Application Nu	Application Number 10/53		
			Filing Date	Filing Date 22		2 April 2005
Fo	r FY 2	008	First Named in	ventor	Merrill, Wi	Iliam
			Examiner Nam	10	Maust, Tin	nothy Lewis
Applicant claims small	entity status		Art Unit		3751	•
TOTAL AMOUNT OF PAY	MENT (\$)	60.00	Attorney Docke	et No.	1054-003	
METHOD OF PAYMEN	T (check all	that apply)				
Check Credit Card Money Order Other (please identify):						
Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes						
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)						
Grand the state of						
under 37 CFF	R 1.16 and 1.	.17	🗷 😘	•	erpayments	- · · · · · · · · · · · · · · · · · · ·
WARNING: Information on this information and authorization	a form may be on PTO-2038	scome public. Credit care : i.	Information should r	not be inc	luded on this to:	rm. Provide credit card
FEE CALCULATION						
1. BASIC FILING, SEAF	RCH, AND	EXAMINATION FEEF	3			
	FILING	FEES SEA	ARCH FEES	EXA	VINATION FE	
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (5) Fee (\$)	Fee	Small Enti (\$) Fee (\$)	
Utility	310	155 510		210		
Design	210	105 100		130		
Plant	210	105 310		160	-	
Reissue	310	155 510		620		
Provisional	210		0 0		0 0	
2. EXCESS CLAIM FEI			-		_	Small Entity
Fee Description					Fee () 50	
Each claim over 20 (; Each independent cla	_	•			210	
Multiple dependent of		Illeraturing recrossess			370	
Total Claims	Extra Clain		Fee Pald (\$)		Multla	le Dependent Claims
- 20 or HP =		x <u>25</u> =	0		Fee	
HP = highest number of tota indep, Claims	i cleims paid fo Extra Clain		Fee Paid (\$)			
3 or HP =	0	x 105 = _	Ö			
HP = highest number of inde 3. APPLICATION SIZE	•	s paid for, if greater than 3.				
If the specification and	drawings e	exceed 100 sheets of p	paper (excluding	electron	nically filed se	equence or computer
listings under 37 C	FR 1.52(e))	, the application size	fee due is \$260 (\$130 fo	r small entity)) for each additional 50
sheets or fraction th <u>Total Sheets</u> - 100 =	hereof. See Extra Shee	2 35 U.S.C. 41(a)(1)(G ets Number of e	and 37 CFR 1.ach additional 50(round up to a)	or fracti		Fee (\$) Fee Paid (\$)
4. OTHER FEE(S)			(round up to a	WINCH	1110a) v —	
Non-English Specifi	-	130 fee (no small entit	ry discount)			Fees Paid (\$) 0
Other First Month Ext	ension					60
SUBMITTED BY						
Signature	michael 7.	: Hayer	Registration No. (Attorney/Agent)		Tele	ephone
Name (Brieffings)			1 (Alasinay/Agent)		Det	- 4 - FF

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confideritality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.